

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <i>10/584334</i>	FILING DATE						
							APPLICANT(S)							
CLAIMS														
	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.	
1			/				51							
2				/			52							
3				/			53							
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44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL IND.			↓	5		↓								
TOTAL DEP.			←	17		←								
TOTAL CLAIMS			22											
							TOTAL IND.				↓			
							TOTAL DEP.				←			
							TOTAL CLAIMS							